#TheatreCapChallenge

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James chats to Dr Robert Hackett about the #TheatreCapChallenge.

**Summary Writer:** Alex Bolger

**Script Writer:** Sam Orton

**Editor:** Robert Hackett

**Interviewee:** Robert Hackett

## About Dr Robert Hackett

Dr Rob Hackett is a Senior Consultant Anaesthetist who works across several major hospitals in Sydney, Australia. He has a particular interest in system safety and the human factors approach to patient care. He is Director of The PatientSafe Network (https://www.psnetwork.org/) - a not for profit charity organisation focused on working together to implement effective safety solutions.

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## #TheatreCapChallenge

With Dr Rob Hackett, a senior consultant anaesthetist who works at several hospitals throughout Sydney, Australia. He is passionate about improving work environments for patient safety and reducing waste in the medical workplace.

## Introduction

The #TheatreCapChallenge is an initiative from the PatientSafe network (psnetwork.org) in response to concerns about how easily avoidable mistakes and poor communication are contributing to rising adverse events for our patients. It has been adopted around the world with studies from the US and UK demonstrating how this simple idea can decrease human errors in healthcare.

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### 1. What prompted the #TheatreCapChallenge? And what is it?

- The #TheatreCapChallenge was prompted by a lot of soul searching.
- During this time Dr Hackett was reading Dale Carnegie’s book ‘How to Win Friends and Influence People’.
  - There is a whole chapter in the book about names and it quotes; ‘A name to that person is the sweetest and most important sound in any language.’
- Dr Hackett had struggled for years to remember peoples’ names at work which is relatable for all of us.
When not distracted humans only remember 30% of names after a first introduction and they are readily forgotten after that.

He had also read ‘The Design of Every Day Things’ by Don Norman.

Writing names on whiteboards in theatre is a poor design as the boards are often incomplete and don't move as the staff move around the hospital.

Dr Hackett is also driven in the patients’ safety field and this has been spurred on by several events in his professional life including;

- The death of a young mother after a series of medical errors.
- Discovering that a colleague had taken her own life.
- Being cursed with some human factors ergonomics knowledge – a whole scientific discipline that is still waiting to be significantly adopted in healthcare.
- A realisation that current healthcare frameworks actively resist the adoption of these human factor changes.
- And through being subjected to threats and intimidation from the highest level while attempting to introduce an obvious safety change.

He then realised that we don’t stand a chance introducing the changes required in the current existing frameworks so had to start looking for a different way.

He was running to theatre one day when he realised that we have to write names and roles on our theatre caps as this is the only remaining piece of real estate which won't be covered up.

The more he thought about it the more brilliant the idea seemed – it’s extremely visual and creates a ‘win-win’ situation.

- Either it’s adopted, bringing an obvious improvement to patient care, or it isn't, demonstrating how current healthcare frameworks can resist change irrespective of patient benefit.
- It’s these frameworks themselves which need to change if human factors science is to be adopted and for patient safety to improve.

It was the fantastic idea of a student midwife on the other side of the world – Alison Brindle – who came up with the hashtag #TheatreCapChallenge which really made the idea take off.

#TheatreCapChallenge is brilliant in its simplicity – just put your name and role on your theatre cap.

It is an amazing advert for human factors science!

Dr Hackett is surrounded by unnecessary hazards in the workplace – ‘I know they've killed and maimed patients and continue to do so, however front line staff have been conditioned in an environment where they are almost powerless to remove these hazards.’

The theatre cap challenge empowers front line staff and helps us work together on numerous other initiatives to create the best environment for patient care.

2. How have you found the engagement with this initiative in the workplace and across healthcare networks?
We have a networked team across the world focused on this specific project – it has over 80 members including 3 professors of communication. We’re constantly generating data to help drive this and overcome the resistance to change. Several NHS Trusts have adopted the name and role on theatre caps as standard. Some hospitals within Australia are supportive, it has been endorsed by the Australian Society of Anaesthetists, and supported by the American and European Societies of Anaesthesiology. Meanwhile in one of my own hospitals we have been barred from presenting the initiative and all measures are put in the way to stop its introduction. It exposes a culture of intimidation which at times can be driven by one individual – those nominally above them within the command structure too fearful to engage on the topic for fear of negative impact on their own careers.

3. Who do you find are the most enthusiastic adopters?

Numerous surveys have been performed which show:
- 88% patients support the #TheatreCapChallenge.
- 86% of front line staff support it and when we break this down it has unanimous support from those new to healthcare including nursing and medical students.
- Support is the least from those who have been in healthcare the longest.

Often the psychological pain of change can be too great for those, often in positions of power and influence, and exceed their want to do the right thing for patient care. Unfortunately, those beneath them in the hierarchy may fear the negative impact on their own career through doing something not mandated or supported from above.

4. What are some of the obstacles that the #TheatreCapChallenge has faced?

- Cognitive dissonance – an ego dystonic reaction which inhibits an open rational cycle of process improvement.
- Matthew Syed in his book ‘Black Box Thinking’ describes the phenomenon really well and it’s well worth the read – it’s certainly not unique to healthcare.
- Cognitive Dissonance is most likely to affect those who feel most defined by their decisions – often those further up the chain of command – in accepting change they will need to accept that what was happening previously, on their watch as it were, was not as good.
Within healthcare this may mean we have to accept we have been hurting people, even killing people, for years. Often this can be too hard to bear.

Resultantly every obstacle is put in the way to prevent change:

- Inappropriate use of evidence-based medicine
- Cost
- Infection control
- Outdated policy standards
- And when these are all overcome, the last line of defence and perhaps the most primitive of them all – bullying, threats and intimidation are rife throughout the industry.

There is a lot of support from the anaesthetic and obstetric colleges but none yet from any surgical colleges.

- Here is a golden opportunity for the surgical colleges to face up to the bullying nature that they've been tarred with.
- We just have to wait and see what happens.

5. Do you think that these obstacles are unique to this initiative?

- This is a great question.
- These obstacles and many others like them can be used to stifle many other front line initiatives.
- Command structures are resistant to change and these obstacles can be seen being used again and again.

6. What is some of the evidence supporting its ongoing adoption?

- It's been great interacting with a networked team of passionate individuals from all over the world - they are constantly generating data.
- UK studies have shown increased name recall amongst staff from 42 to 85% and increased name and role introductions during the surgical safety checklist from 38% to 90%.
- Simulation studies at Stanford University in the US demonstrated greatly increased communication and theatre efficiency.
- There's plenty more data to support the initiative too - we have tried our best to condense it on one post in The PatientSafe Network.
7. Apart from the patient-centred outcomes – What are some of the other benefits of adoption of reusable caps?

- Reusable caps have significant environmental benefits. A 20 theatre hospital will discard over 100,000 disposable caps every year. The caps are made from viscose – a substance whose production is particularly harmful to the environment.
- There are financial benefits too – a hospital this size will spend somewhere in the region of 10,000 dollars every year on disposable caps.

8. The #TheatreCapChallenge addresses a low-cost and environmentally sound solution that improves communication in the operating theatre. Can we take these principles to other areas of the healthcare network?

- Most definitely.
- We’d be wise to redesign our hospitals from the inside out.
- Previously they have been designed on the premise that as doctors and nurses we don’t make mistakes.
- However, we are all human and we all make mistakes – we can’t change this human condition but we can change the conditions humans work within.
- My eyes are wide open and I’m aware of many of the unnecessary hazards which exist in our workplace.
- However, I know we will benefit from fresh eyes – not conditioned in a structure which resists change.
- If we don’t change we won’t improve.
- In gifting ourselves with frameworks to make these changes our patients and front line staff will benefit tremendously.
- And together we’ll create the best environment for patient care.

References


Related Blogs
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